

Consumer Panel Questionnaire for Electrically Heated Cigarette Smoking Systems

Thank you for agreeing to participate in our research. As an adult smoker, we are interested in your opinion and feedback for future product development. Your responses will be held in the strictest of confidence.

Enclosed are two packs of cigarettes and an Electrically Heated Cigarette Smoking System. Please read the brief instructions below prior to completing the questionnaire. It is very important that you follow the instructions as written. When the ballot is completely filled out, please return it along with any unsmoked cigarettes in the envelope provided. If you have any questions, please contact us at 1-800-4-ACCORD. Again, thank you for your participation.

INSTRUCTIONS

1. Enclosed is a pack of cigarettes designed to be smoked in the Puff Activated Lighter contained in your Smoking System kit. Smoke the enclosed cigarettes only in the specially designed lighter. Do not light the cigarettes with a match or any other lighter. Do not use any other brand of cigarettes in the puff-activated lighter.
2. Continue to smoke the cigarettes in the Puff Activated Lighter until you feel comfortable answering the questions below. You may smoke as many cigarettes from the pack in the Puff Activated Lighter as you want in order to make your evaluation.
3. This questionnaire consists of 15 questions. Please make sure that you answer all questions before returning the ballot.

Panelist and Study Information to be Inserted Here.

PLEASE READ THE INSTRUCTIONS ABOVE BEFORE ANSWERING THESE QUESTIONS.

Section 1: Please rate the cigarettes on the following attributes by placing an "X" in the box that best represents your opinion.

1. Liking (Degree to which you like the product)

1	2	3	4	5	6	7
Dislike Extremely	Dislike Very Much	Dislike Somewhat	Neither Like Nor Dislike	Like Somewhat	Like Very Much	Like Extremely

2. Strength (Overall intensity or strength of the cigarette smoke in the mouth, throat, chest and nose upon inhalation and exhalation)

1	2	3	4	5	6	7
Not at all Strong	Marginally Strong	Slightly Strong	Moderately Strong	Somewhat Strong	Very Strong	Extremely Strong

3. Draw (How hard it is to draw on the cigarette)

1	2	3	4	5	6	7
Extremely Hard to Draw	Very Hard to Draw	Somewhat Hard to Draw	Neither Hard Nor Easy to Draw	Somewhat Easy to Draw	Very Easy to Draw	Extremely Easy to Draw

4. Taste (Taste typical of tobacco while smoking)

1	2	3	4	5	6	7
No Tobacco Taste	Marginal Tobacco Taste	Slight Tobacco Taste	Moderate Tobacco Taste	Moderately High Tobacco Taste	High	Very High Tobacco Taste

5. Smoothness (Smoothness or non-harsh sensation in mouth and/or throat when smoking)

1	2	3	4	5	6	7
Extremely Harsh	Very Harsh	Somewhat Harsh	Neither Harsh Nor Smooth	Somewhat Smooth	Very Smooth	Extremely Smooth

6. Aftertaste (Taste left in the mouth after smoking)

1	2	3	4	5	6	7
Extreme Amount of Aftertaste	Very High Amount of Aftertaste	High Amount of Aftertaste	Moderate Amount of Aftertaste	Marginal Amount of Aftertaste	Slight Amount of Aftertaste	No Aftertaste

7. Mouthcoating (Feeling of residual film or coating in the mouth which sometimes builds during smoking)

1	2	3	4	5	6	7
Extreme Amount of Mouthcoating g	Very High Amount of Mouthcoating g	High Amount of Mouthcoating g	Moderate Amount of Mouthcoating g	Marginal Amount of Mouthcoating g	Slight Amount of Mouthcoating g	No Mouthcoating

Section II. This section asks questions about you and your lifestyle. Please circle the option that best represents your opinion.

8. In a typical day, how many cigarettes do you smoke?

- 1) 10 or less
- 2) 11 - 20
- 3) 21 - 30
- 4) 31 - 40
- 5) 41 - 50
- 6) 51 or more

9. What is the full name of your preferred brand of cigarettes? (Please specify whether Ultra Lights, Lights, Milds, Medium or Full Flavor; Menthol or Non-Menthol; Kings, 100s or 120s; Hard or Soft Pack.)

10. How long have you smoked that brand of cigarettes?

- 1) One year or less
- 2) More than one year but less than 2
- 3) More than 2 years but less than three
- 4) 3 years or more

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Source: <https://www.industrydocuments.ucsf.edu/docs/tnkj0001>

11. Do you sometimes smoke a brand other than your preferred brand?

1) YES (Go to Question 12 and continue until the end)
2) NO (Go to Question 13 and continue until the end)

12. When not smoking your preferred brand, what brand do you typically smoke? (Please specify whether Ultra Lights, Lights, Milds, Medium or Full Flavor; Menthol or Non-Menthol; Kings, 100s or 120s; Hard or Soft Pack.)

13. How often do you smoke the alternative brand listed in Question 12? (This question does not refer to your preferred brand listed in Question 11.)

1) About as often as my preferred brand
2) About half as often as my preferred brand
3) About one-fourth as often as my preferred brand
4) Only occasionally (for example, if my regular brand is not available in stores)

14. What is the last grade or level of school you completed?

1) Elementary but not high school
2) Some high school but did not graduate
3) High School
4) Technical School
5) Some college
6) College Graduate
7) Post Graduate

15. What is your total family income before taxes?

1) \$19,999 or Less
2) \$20,000 - \$39,999
3) \$40,000 - \$59,999
4) \$60,000 or More

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